Taxpayer name(s) ar	nd addresses		Social Security/Account number			
	amed above hereby appoint the follo	owing repre	sentative(s) a	s attorney(s)-in-fact		
Name and address			Telephone number			
			Fax number			
Name and address			Telephone number			
			Fax number			
Name and address			Telephone number			
			Fax number			
Tax matters to be	represented for the taxpayer(s) befo	ore the Utah	State Tax Co	mmission		
Type of tax	Social Security/Account number	Year or pe	eriod	Appeal number if kno	own	
Type of tax	Social Security/Account number	Year or period		Appeal number if known		
Type of tax	Social Security/Account number	Year or period		Appeal number if kno	Appeal number if known	
perform any and al adjudicative proces to substitute another	on in writing, my representative is author lacts on my behalf to facilitate audits, the dings before the Commission. The author representative or the authority to disconnection.	to negotiate hority does close confide	or enter agree not include the ential tax inforn	ments, and to act as m power to receive refun nation to other parties.	y representative in d checks, the power	
	tion of prior power(s) of attorney. The y on file with the Utah State Tax Comm					
Signature of taxpayer(s)					Date	
	orate officer, partner, or fiduciary on be on behalf of the taxpayer.	half of the ta	axpayer, I certif	y that I have the autho	rity to execute this	
Signature of tax representative(s)			itle		Date	